



Commercial Drivers License
810 E. Gregg St, Sparks, NV 89431
4110 Donovan Way, N Las Vegas, NV 89030
3920 E. Idaho St, Elko, NV 89801

THIRD PARTY SCHOOL APPLICATION

NRS 483.912, NAC 483.125 to 483.197

Please print

DMV Business License Number: _____

Name of School: _____

Physical Address: _____
Street City State Zip

Mailing Address: _____
Street/PO Box City State Zip

Business Phone Number (____)____-____ Business Fax Number (____)____-____

Electronic Mail Address _____@_____

☐ Individual ☐ Partnership ☐ LLP ☐ LLC ☐ Corporation Incorporated in State of _____

OWNERSHIP: List name and title of each individual, each partner, whether general or limited, or each principal officer, director or stockholder participating in the direction, control or management of the policy of the business. Use separate page if necessary. Ownership change requires notification to the Department.

NAME (LAST, FIRST, MIDDLE)	TITLE

Classification of the vehicles you own or lease:

Vehicle Class: ☐ A ☐ B ☐ C Endorsements: ☐ T ☐ P ☐ N ☐ H ☐ S ☐ X

Do the vehicles have air brakes? ☐ Yes ☐ No

Do the vehicles have automatic transmissions? ☐ Yes ☐ No

To qualify as a third party school, you must have a minimum of 10 commercial motor vehicles, 5 of which are power units. These vehicles need to be currently registered and show your school's name as registered owner or lessee on the records of the Nevada Department of Motor Vehicles. The DMV Business License for your school must include authorization to conduct Behind the Wheel training.

Type: A = Combination vehicles 26,001 or more GVWR
B = Single vehicle 26,001 or more GVWR
C1 = Single vehicle transporting hazardous materials

T = Trailer or semi-trailer 10,000 or more GVWR
-C = Single vehicle with 15 or more passengers

Vehicle List:

	Type	Plate Number
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

	Type	Plate Number
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

A copy of your current lease documents are required if your school is not shown on the registration records of the Nevada Department of Motor Vehicles. If the number of vehicles leased or owned by you falls below 10, your third party testing certification will be suspended immediately and certificates of driving ability issued by your school will not be accepted.

Upon submission of your application, the non-refundable fee of \$555.00 for certification is due. If your school qualifies, you will be assigned a number for completing Certificate of Driving Ability forms.

If your school has more than one location in Nevada from which Certificate of Driving Ability may be issued, list them below. Include only those branch locations where drivers take part in your driver testing and training program.

Address: _____ Phone: _____
Street City State Zip

Address: _____ Phone: _____
Street City State Zip

I hereby authorize the Department of Motor Vehicles to make any background investigation necessary as it pertains to the issuance of my 3rd Party Certification. I understand that the providing of false information or the omission of the requested information in this application is grounds to deny, suspend, or revoke my 3rd Party Certification, Chapter 483 of the Nevada Revised Statutes and Nevada Administrative Codes.

NOTE: TO BE SIGNED BY SOLE OWNER, PARTNER, OR OFFICER OF THE CORPORATION ONLY.

Signed _____

Title _____

Date _____

Subscribed and sworn before me this _____ day of _____, _____

 Notary Public or Authorized Nevada DMV Representative

DEPARTMENT USE ONLY

☐ Original ☐ Renewal ☐ Reinstatement ☐ Other _____
 Application is Approved: ☐ Denied: ☐ Date: _____ Site Approved: ☐ Denied: ☐ Date: _____
 Fee Paid: \$ _____ Received by: _____ Date: _____
 Final approval date: _____ Certification Number: _____
 CDL Supervisor Signature: _____ Date: _____
 Reason for denial: _____

